CITY OF KINGSLAND, GEORGIA

CITY COUNCIL

AGENDA ● OCTOBER 28, 2024

Regular Meeting | **City Council Chamber** | **6:00 PM**

107 South Lee Street - City Hall, Kingsland, GA 31548

I. PUBLIC HEARING - STARTS AT 6:00PM

1. Public Hearing for a Proposed Amendment to Tax Allocation District 1 (Exit 3 Commercial and Entertainment District) -

Amended Redevelopment Plan for Tax Allocation District #1 - City of Kingsland Exit 3 Commercial and Entertainment District

II. CALL TO ORDER AND WELCOME GUESTS

III. ROLL CALL

Charles Grayson Day Jr.	Mayor
James W Galloway	Councilman
Farran Fullilove	Councilman
Kristy Chance	Councilwoman
Alex Blount	Mayor Pro Tem

IV. INVOCATION AND PLEDGE TO THE FLAG

V. CONSENT DOCKET

- **A.** Approve the Council Minutes of the last regular Council Meeting
- **B.** Approve the Agenda as Presented
- **C.** Approve the Payments of Accounts Payable as Due and Funds Available

VI. GRANTING AUDIENCE TO THE PUBLIC

VII. OLD BUSINESS

VIII. NEW BUSINESS

1. Executive Session - Real Estate -
2. Discussion: Group Health Proposal-Lighthouse Benefit Advisors -
3. Approval Of: 2024 Tax Millage Rate Adoption -

In accordance with O.C.G.A. Section 48-5-32.1 final millage rate is set by the authority of this taxing jurisdiction for tax year 2024. Required five year history and current digest have been published in accordance with O.C.G.A. Section 48-5-32. FY 2024-25 Budget will be funded by 5.590 mills which is below the roll back rate of 5.591 mills.

4. Approval Of: Georgia Gateway 2024 CID Millage Rate -

Georgia Gateway CID Board met on Monday, September 16, 2024. At the scheduled meeting the Board approved the CID millage to be set at 10 mills. This will generate $11,530 for the CID Fund.

Staff recommends approval.

5. Approval Of: Change Order #1 Lakes Boulevard East -

The original engineering agreement did not include a sidewalk along the entire length of Lake Boulevard. East. Accordingly, Change Order #1 includes the associated incremental civil engineering design, construction drawing modifications and project management fees for the sidewalk increasing the lump sum contract amount by $17,835.00 for a total of $103,835.00.

Staff recommends approval.

6. Bid Award: Purchase of One 1/2 Ton Pickup Truck for Meter Technician -

Staff recommends low bid, The Bennett Group, for $27,590.

IX. MAYOR AND COUNCIL ANNOUNCEMENT

X. ADJOURNED

City Council
107 South Lee Street
Kingsland, GA 31548

SCHEDULED

Meeting: 10/28/24 06:00 PM
Department: City Manager
Category: Public Hearing
Prepared By: Lee Spell
Initiator: Lee Spell
Sponsors:
DOC ID: 4574

AGENDA ITEM (ID # 4574)

Public Hearing for a Proposed Amendment to Tax Allocation District 1 (Exit 3 Commercial and Entertainment District)

Amended Redevelopment Plan for Tax Allocation District #1 - City of Kingsland Exit 3 Commercial and Entertainment District

City Council
107 South Lee Street
Kingsland, GA 31548

SCHEDULED

Meeting: 10/28/24 06:00 PM
Department: City Manager
Category: Executive Session, Real Estate
Prepared By: Lee Spell
Initiator: Lee Spell
Sponsors:
DOC ID: 4588

AGENDA ITEM (ID # 4588)

Executive Session - Real Estate

City Council
107 South Lee Street
Kingsland, GA 31548

SCHEDULED

Meeting: 10/28/24 06:00 PM
Department: City Manager
Category: Miscellaneous
Prepared By: Lee Spell
Initiator: Lee Spell
Sponsors:
DOC ID: 4586

AGENDA ITEM (ID # 4586)

Discussion: Group Health Proposal-Lighthouse Benefit Advisors

GEORGIA MUNICIPAL ASSOCIATION

July 26, 2024

Lee Spell
City of Kingsland
107 S. Lee Street
Kingsland, GA 31548-5054

Dear Lee:

Each year, the GMEBS actuary team reviews the premium levels and plan designs offered by the Georgia Municipal Employees Benefit System (GMEBS) Life and Health Insurance Fund to determine if rates are sufficient to support claims and medical cost trends for the next plan year.

At the June 2024 GMESB Board of Trustees meeting, the actuaries presented the annual premium review and renewal for the Life & Health Trust to the Trustees. The renewal for the Trust was approved allowing the commencement of the renewal period for the 2025 plan year. There are some program updates for the 2025 plan year found on page 2.

Please review the health options and services available and complete the survey link shown below and on page 2 notifying us of your selections for plan year 2025. Also, additional and important plan updates for 2025 are outlined on page 2.

This renewal letter and attached renewal summary is being sent to city management and/or an elected official as well because of the important renewal and open enrollment deadlines described on page 2.

Healthcare Highlights

Healthcare trends impact all healthcare insurers in some manner and the Life & Health Trust is no different. We wanted to share some highlights to keep you and your employees informed on matters related to such an important piece of the employee benefit package.

There can be many factors that influence health cost but some common indicators driving the 8.9% expected global cost increase in 2024 are*: new medical technologies and possible overuse of those services, the increase in the costly medical conditions of cancer, cardiovascular and musculoskeletal conditions and growth in expensive pharmaceutical choices even prior to the recent popularity of GLP-1s being added to the market.

The Life & Health team is available during the renewal and open enrollment periods to assist you in balancing costs and the care of your employees. Please complete the Renewal Survey Link by Tuesday, August 6th so we may help you in budgeting for health costs for next year and planning open enrollment or education sessions for your employees. Also, for information on our Wellness programs, please contact Candace Amos at wellness@gacities.com.

* https://www.hrdive.com/news/wtw-cost-healthcare-benefits-expected-to-rise/701379/

Program Options and Updates for the Life & Health Renewal

The 2024 renewal covers the following program options and updates for the 2025 plan year. More information is provided in the additional handout included in the renewal email.

- **Medical**
  - Three new plans are being introduced to provide additional lower monthly premium plan options. These plans will be replacing three underutilized plans.
  - Due to changes required by law to the deductible option for High Deductible Health Plans (HDHP), the deductible for the HDHP 3200 plan will increase to $3,300.
- **Pharmacy** – There will be a change to the formulary provided by Aetna. For 2025, the new formulary is the Basic Control Formulary w/ ACSF and is located at www.aetna.com.
- **Dental** – There will be a change in Dental providers. Anthem Dental will replace the current provider, Delta Dental.
- **Vision** – No changes or updates for the full vision care coverage under the Anthem Blue View Vision plan and network.

Additional information for the Life & Health renewal:

- The Renewal period is from July 26, 2024, through September 13, 2024.
- ***It is important for us to receive confirmation of medical plan changes or other program option updates by the September 13, 2024 deadline. With your confirmation, we can prepare your 2025 benefit materials as well as update our vendors so they are prepared to process the changes your employees may make during Open Enrollment.***
- Materials for the Open Enrollment period will be delivered the first week of October.
- Open Enrollment meetings can be scheduled from October 1st through November 8th.
- Employee coverage elections should be entered in the Empyrean MAP portal between October 21st through November 15th.
- The 2025 premiums for new rates and any plan or program changes will be on the January 2025 invoice.

To serve your needs best and timely, please complete this link as soon as possible (Renewal Survey Link) to affirm no changes, request changes and/or schedule meetings. Note: if all plan and program options remain the same, the link should be completed.

Thank you again for your participation in the Life & Health program. Please let us know how we can be of assistance during this year's Renewal period.

Sincerely,

Denise Joyce

Denise Joyce
Sr. Director of Operations

Attachment: 2025 Renewal Summary

C: Grayson Day , Mayor
Lee Spell , City Manager

RENEWAL SUMMARY

City of Kingsland

Renewal – Plan Year: January 1, 2025 – December 31, 2025

Current Plans & Rates – 2024			
	POS 90/70 - 1500	POS 80/60 - 1500	No Plan Elected
Employee Only	$ 976.00	$ 915.00	$ 0.00
Employee & Spouse	$1,952.00	$1,830.00	$ 0.00
Employee & Child(ren)	$1,858.00	$1,742.00	$ 0.00
Employee & Family	$2,931.00	$2,748.00	$ 0.00

Renewal Plans & Rates – 2025			
	POS 90/70 - 1500	POS 80/60 - 1500	No Plan Elected
Employee Only	$1,113.00	$1,043.00	$ 0.00
Employee & Spouse	$2,225.00	$2,086.00	$ 0.00
Employee & Child(ren)	$2,118.00	$1,986.00	$ 0.00
Employee & Family	$3,341.00	$3,133.00	$ 0.00

INSTRUCTIONS:

Please complete the Renewal Survey (link below & attached to the corresponding email) by **August 6th** to indicate if you accept the Renewal rates for plan year 2025 OR would like to change coverages offered.

The Renewal Survey also contains additional information regarding one–on–one Renewal meetings with Dagmar Wuertzen. You may also contact Dagmar via email at dwuertzen@gacities.com or at 678 – 686 – 6298.

Dental		
Participating?	**No**	
Employee Only	**$**	25.00
Employee & Family	**$**	76.00

Vision		
Participating?	**No**	
Employee Only	**$**	8.11
Employee & Spouse	**$**	16.22
Employee & Child(ren)	**$**	16.62
Employee & Family	**$**	24.72

THE CITY OF KINGSLANI

MEDICAL PROPOSA

EFFECTIVE JANUARY 1, 202

Lighthouse Benefit Advisors

INSURANCE • EMPLOYEE BENEFITS • RISK MANAGEMENT

Presented By:
Matt Robinson

400 Ocean Boulevard, Suite 1104, St. Simons Island, Georgia 31522

Office: 912-771-8230 Fax: 912-771-8227

Lighthouse Benefit Advisors

Lighthouse Benefit Advisors was formed in January 2019 when Michael Maloy, Barry Murphy and Matt Robinson joined together to build an independent "boutique style" agency. Their goal was to focus on each client's specific needs and objectives and to build programs to fit their unique circumstances. It was important to them to provide the service and attention of a small agency, while utilizing the expertise and tools of a large consulting firm. The agency has grown both in terms of employees and clients over the last almost six years. It continues to provide trusted guidance with a proactive, strategic and results-driven approach to employee benefits.

Today our philosophy is the same: to create the best service organization for our clients using customized programs that are tailored to their needs and goals. Our team has developed strategies to address medical and prescription drug costs, quality of healthcare services, chronic illnesses, and many others. We have partnered with some of the best in the business to help us deploy these strategies and have service teams in place to provide assistance before, during and after implementation.

Our agency operates with a team-based approach and most, if not all, of our team members are involved in all of our accounts, which range in size from 20 employees to more than 2,300. Our team members have worked for "large national shops" as well as smaller agencies and agree the team mentality and collaboration at our firm is unique in the market.

We have a flat organizational structure, meaning our leadership is often working on client service issues and our client service staff contributes to high-level strategy development. Each individual has her/his role, but we have an "all hands-on deck" approach to getting the job done for the client—whatever it takes.

Our primary team members who will work the closest with the City are:

Matt Robinson – Vice President of Client Strategy

Matt will serve as Primary Account Executive (or, broker) and will be the key contact person responsible for managing the City of Kingsland's benefit program, directing all matters related to overall strategy, execution, and account service. During his career advising benefit programs, Matt's focus has been on creating process efficiencies in the healthcare environment to deliver lower costs to both employers and employees, enhancing benefits for employees, improving health outcomes, and providing a superior customer service experience. Prior to Lighthouse Benefit Advisors, Matt got several years of "big shop"

Lighthouse Benefit Advisors

experience at USI, one of the largest benefit consulting firms in the country. Earlier in his career, Matt learned the ancillary side of the business working at The Hartford.

Michael K. Maloy – President and Agency Principal

Mike will serve as Secondary Account Executive and will collaborate with Matt Robinson on overall strategy, execution, and account service for the City of Kingsland's benefit program. Mike has been in the insurance business for more than 30 years and has managed benefit programs for public-sector groups in Southeast Georgia the entirety of that time. Prior to launching Lighthouse Benefit Advisors, Mike was a partner for more than 25 years at McGinty-Gordon and Associates which was, prior to its recent acquisition, the largest independent insurance agency in Southeast Georgia.

Julie Day – Account Manager

Julie will serve as the day-to-day contact for the City of Kingsland. Her duties will include but are not limited to ensuring customer satisfaction by ensuring all parts of the health plan are working as they should, and in coordination with each other. She will spearhead the collecting and reviewing of claims data, implementing any program changes, and assisting with cost containment strategies. She will manage the renewal and open enrollment each year for the City, ensuring timeliness of these processes. Julie is committed to providing effective and efficient proactive customer service to both the employer and employee.

Lighthouse Benefit Advisors

Scope of Services

Core Brokerage / Consulting Services

We work to establish a comprehensive strategy for *your* benefit programs. Once a strategy is determined, we develop a detailed action plan. We continually review performance to ensure your goals are met. You can expect LBA to support your organization with the activities below.

Financial Analysis and Data Analytics

- Provide Detailed Reporting
  - Identify plan's cost drivers and provide strategies to mitigate
  - Predictive analytics to identify future years' claimants
  - Preliminary renewal projections
- Assess current funding arrangements based on your tolerance for risk
- Evaluate structure and performance of stop loss coverage and offer alternatives as appropriate

Strategy Development

- Develop multi-year strategy to ensure benefit program results align with company goals
- Facilitate an annual planning session to assist in the creation of a Total Rewards Strategy:
  - Evaluate workforce demographics
  - Evaluate current programs, compare to competitive benchmark data
- Identify the strengths, weaknesses, opportunities, and threats in the current benefits and plan designs

Renewal, Placement and Underwriting

- Conduct "pre-renewal strategy meeting" to determine specific goals and budget
- Negotiate renewals with incumbent and prospective carriers
- Establish carrier/vendor performance guarantees with penalties, as appropriate
- Confirm specific terms and conditions with selected providers

Trusted Guidance

Implementation and Enrollment

- Finalize benefit program design, rates, including COBRA and fees for any ancillary programs
- Assist in implementation with all departments (HR, IT, Finance, etc.) to ensure timelines are met, systems are set up correctly, and data transfer is operational
- Provide contribution modeling (employee/employer) based on enrollment and financial targets
- Coordinate vendor-sponsored communication material, as needed
- Plan Employee open enrollment meetings, internal and external participants
- Facilitate enrollment meetings onsite or webcast.

Account Management and Customer Service

- Serve as an employee/employer advocate in the resolution of service and/or claims issues
- Maintain annual service and compliance calendars
- Quarterly advisory meetings
- Provide updates of trends, regulations and other issues that may impact benefit programs
- Organize and facilitate meetings, review carriers, financial reports, and vendor meetings
- Identify and monitor potential large claims, work with case management to understand impact of large claims on plan performance, and research alternative resources for care
- Ease burden on Human Resources team

Trusted Guidance

Value Added Services

In addition to your service team, LBA brings expertise in the following areas:

Underwriting & Analytics

- Renewal Projections and Funding Analysis
- Claims Cost and Risk Assessment
- Trend Mitigation
- Plan Design and Contribution Analysis
- Benchmarking
- Predictive Modeling

Pharmacy

- Performance Analysis
- Rx Pricing Strategies
- Specialty Rx Alternatives
- Pharmacy Trend and Benchmark Analysis

Care Intervention

- Focus on Reducing Unit Cost/Frequency of care
- Analysis and Modeling
- Reduce Cost and Explore Alternatives

Compliance & Healthcare Reform

- Health & Welfare Plan Compliance Education
- Communicate Relevant Changes

Population Health Management

- Predictive Modeling and Large Claims Analysis
- Chronic Condition Management
- Strategies to Improve Engagement
- Wellness Program Feasibility Analysis
- Targeted Communication to Improve Engagement

Trusted Guidance

Medical Plan Comparison for:

The City of Kingsland

Effective Date: Jan. 1, 2024

	GMA/Anthem PPO 1500 90% Current/Renewal	GMA/Anthem PPO 1500 80% Current/Renewal	Option 1/1a* PPO 1500 90%	Option 1/1a* PPO 1500 80%
MEDICAL BENEFITS				
In-Network:				
Office Copay - Primary Care	$35 Copay	$40 Copay	$35 Copay	$40 Copay
Office Copay - Specialist	$45 Copay	$50 Copay	$45 Copay	$50 Copay
Urgent Care Copay	$60 Copay	$60 Copay	$60 Copay	$60 Copay
Preventive Care	100%	100%	100%	100%
Deductible - Individual/Family	$1,500/$4,500	$1,500/$4,500	$1,500/$4,500	$1,500/$4,500
Coinsurance	90%	80%	90%	80%
Out-of-Pocket - Individual/Family	$4,000/$8,000	$5,000/$10,000	$4,000/$8,000	$5,000/$10,000
Emergency Room	$200 Copay	$200 Copay	$200 Copay	$200 Copay
Out of Network:				
Deductible - Individual/Family	$3,000/$9,000	$3,000/$9,000	$3,000/$9,000	$3,000/$9,000
Out-of-Pocket - Individual/Family	$7,500/$15,000	$9,500/$19,000	$7,500/$15,000	$9,500/$19,000
Coinsurance	70%	60%	70%	60%
Preventive Care	70% Coin	60% Coin	70% Coin	60% Coin
Office Copay - PCP	70% Coin	60% Coin	70% Coin	60% Coin
Office Copay - SPC	70% Coin	60% Coin	70% Coin	60% Coin
Inpatient Services - Per Admit	70% Coin	60% Coin	70% Coin	60% Coin
Outpatient Facility	70% Coin	60% Coin	70% Coin	60% Coin
PHARMACY BENEFITS				
If a generic is available and the member requests a brand-name drug to be dispensed, the member pays their applicable co-pay plus the difference in cost between the brand and generic drug. Specialty drugs can be filled one time at retail before moving to mail-order.				
Retail (30 Day Supply)				
Generic	$10 Copay	$10 Copay	$10 Copay	$10 Copay
Preferred	$35 Copay	$35 Copay	$35 Copay	$35 Copay
Non-Preferred	$60 Copay	$60 Copay	$60 Copay	$60 Copay

Medical Cost Analysis for:
City of Kingsland
Effective Date: January 1, 2025

		Enrollment	GMA/Anthem PPO 1500 90% Current	GMA/Anthem PPO 1500 90% Renewal	Option 1 PPO 1500 90%	Option 1a* PPO 1500 90%
	Employee	24	$976.00	$1,113.00	$1,067.96	$1,039.93
	Emp + Spouse	9	$1,952.00	$2,225.00	$2,178.61	$2,117.26
	Emp + Child(ren)	4	$1,858.00	$2,118.00	$1,808.40	$1,758.16
	Emp + Family	2	$2,931.00	$3,341.00	$2,919.05	$2,835.49

		Enrollment	GMA/Anthem PPO 1500 80% Current	GMA/Anthem PPO 1500 80% Renewal	Option 1 PPO 1500 80%	Option 1a* PPO 1500 80%
	Employee	57	$915.00	$1,043.00	$1,040.11	$1,012.92
	Emp + Spouse	6	$1,830.00	$2,086.00	$2,117.35	$2,057.84
	Emp + Child(ren)	16	$1,742.00	$1,986.00	$1,758.26	$1,709.52
	Emp + Family	7	$2,748.00	$3,133.00	$2,835.50	$2,754.45

Monthly Projected Costs	$164,529.00	$187,565.00	$178,281.26	$173,434.20
Annual Projected Costs	$1,974,348.00	$2,250,780.00	$2,139,375.12	$2,081,210.37
$ Change from **Current**		$276,432.00	$165,027.12	$106,862.37
% Change from **Current**		14.00%	8.36%	5.41%
$ Change from GMA **Renewal**			($111,404.88)	($169,569.63)
% Change from GMA **Renewal**			-4.95%	-7.53%

Notes:
After final terms and costs of the policy are accepted by client, client will not be liable for any additional costs or fees throughout the year and may terminate after 12 months without penalty. The only cost that will be incurred if terminated after 12 months are an estimated $8,050.00 for the plan administrator to process eligible claims after termination.

The benefit plan information shown is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described, the underlying insurance documents will govern in all cases.

Healthcare Bluebook.

You're probably overpaying for care **and don't even know it.**

Prices for the same procedure can vary up to 500% depending on where you go. It's true!

With **Healthcare Bluebook** you can see price information on hundreds of procedures in your area. You could save hundreds - potentially thousands - of dollars on care with a simple search.

Same Procedure, different facilities. The choice is clear!

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Download the App: App Store | Google play Mobile Code: IMS

IMS INSURANCE MANAGEMENT SERVICES

Healthcare Bluebook.

Take a minute to walk through these simple instructions, so that you have quick access to Healthcare Bluebook on all your devices. Anytime, anywhere!

1 IT PAYS TO BE PREPARED... GEAR UP! BE EMPOWERED!

<u>On your PC, laptop and tablet:</u>
Login to Healthcare Bluebook and bookmark the search page for quick access.

healthcarebluebook.com/cc/IMS

2

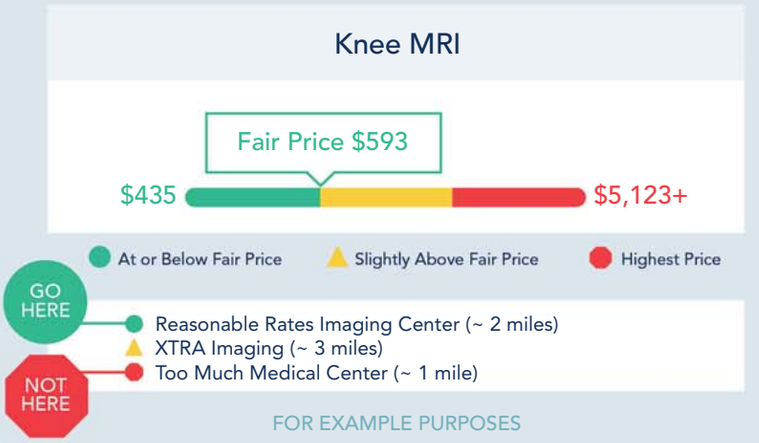
<u>On your mobile phone:</u>
Download the app and login so you'll have Bluebook with you anytime you need to schedule a procedure.

Mobile Code: IMS

App Store Google play

3 USE HEALTHCARE BLUEBOOK AND KNOW WHERE TO GO

Search for your procedure in Healthcare Bluebook, use a **Fair Price™** (green) facility, and save big bucks on care.



= BIG Savings on Care

Teladoc HEALTH

General Medical

Convenient, quality healthcare at your fingertips.

General Medical gives members convenient access to low-cost, high-quality virtual care and physician-recommended treatment options for episodic medical issues. Anytime. Anywhere.

With General Medical, members can avoid unnecessary trips to the doctor's office and costly visits to the emergency room for non-emergency conditions. They can simply schedule a virtual visit with a U.S. board-certified doctor at a time that works for them or request an on-demand visit.

Convenience

Members love the 24/7 access to care by web, phone, or our award-winning mobile app.

Clinical quality

Our network of U.S. board-certified physicians have an average of 20 years' experience and deliver the highest-quality care.

Value

Teladoc Health drives 4x greater utilization than the industry average by employing smart engagement strategies and delivering a seamless member experience.[1]

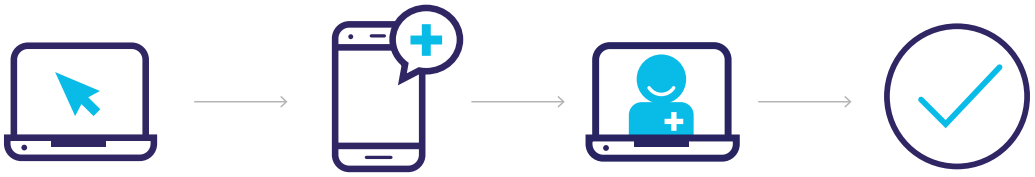
$472
Average claims savings per visit

90%
member satisfaction

92%
Resolution rate on first visit

Teladoc HEALTH

How General Medical works



Features

General Medical provides convenient access to high-quality care.

- Members can access the service through the mobile app, web portal, or call center
- Members have the option to choose their provider
- Visits are available by phone or video
- Visits can be on-demand 24/7/365 or scheduled during available hours
- When necessary, certain medications can be prescribed right from the virtual visit
- Members can extend care to family members with the Caregiving service

"I absolutely love Teladoc. So nice not to be exposed to more sick people sitting in the waiting room and instead being in the comfort of my own home."
Tina C.

"I have had multiple employees reach out to thank me for letting them know about Teladoc. Teladoc has helped T-Mobile save more money each year we have been with them. Our ER visits and absenteeism are all down."
T-Mobile HR executive

[1]The National Business Group on Health. 2018. Large Employer Health Care Strategy and Plan Design Survey cites average telehealth utilization amongst large employers at 2.5% while the Teladoc Health average U.S. utilization (excluding Amerigroup and Visit Fee Only Members) was almost four times the national average in 2018 at 9.4%.

TeladocHealth.com | engage@teladoc.com

About Teladoc Health
Teladoc Health is the global virtual care leader, helping millions of people resolve their healthcare needs with confidence. Together with our clients and partners, we are continually modernizing the healthcare experience and making high-quality healthcare a reality for more people and organizations around the world.

337808003 | 04052019

AllHealth CHOICE

A POPULATION HEALTH MANAGEMENT COMPANY

VIRTUAL HEALTH CHECK

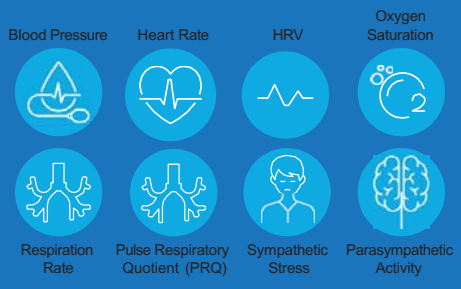
INNOVATION IN THE PALM OF YOUR HAND

Our new, groundbreaking technology uses built-in device cameras to capture light interacting with blood vessels in the deepest layers of the skin to bring you deeper analytical insights into your well-being. How does it work? Simply take a 60-second selfie video that sends eight valuable physiological vitals and biomarkers to our machine learning algorithms that generate your custom Wellness Score.

KNOWLEDGE THAT EMPOWERS YOU

- Robust health questionnaire assessing both current and future risks.
- Reminders and tasks to promote self-management and care
- Customized educational resources

MEASURES:



CALCULATE AND PREDICT RISK

- Promote preventive screenings, wellness visits, and wellnes vaccinations
- Lifestyle Management
- Health Coaching

Track biometrics Track rewards and incentives

Real-time remote monitoring and 24/7 health coaching

VIRTUAL HEALTH CHECK

powered by

MyCharlie
An AllHealth CHOICE Solution

AllHealth CHOICE

POPULATION HEALTH MANAGEMENT

DIGITAL TO HUMAN EXPERIENCE

Flexible Care Delivery

Risk Stratification & Predictive Modeling

Proprietary Technology

Value on Investment

POPULATION HEALTH MANAGEMENT

HEALTH COACHES: Our health coaches are from diverse clinical backgrounds to meet individuals where they are and evoke healthy lifestyle changes.

EMPOWERMENT: Personalized education to assist members in understanding healthy lifestyle choices and disease management.

SELF-EFFICACY: Provide members with confidence to monitor and manage their health care.

MYCHARLIE ENGAGEMENT PLATFORM

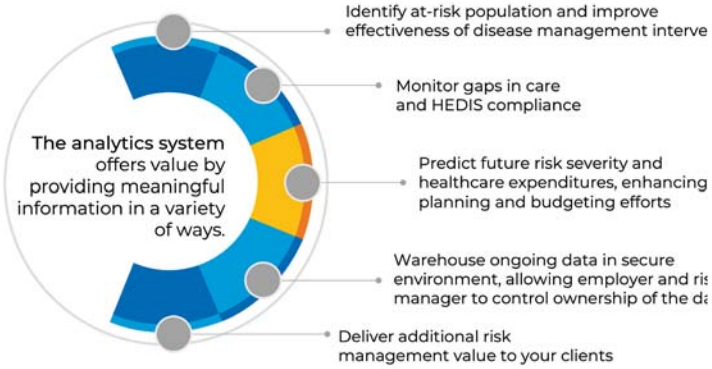
VIRTUAL ASSISTANT: Engages members in a personal health experience from enrollment and throughout their healthcare journey.

WHITE LABELED MESSAGING: To introduce the AHC Health & Wellness Program. Assists in managing chronic conditions, lifestyle behaviors, biometric monitoring, and mental health concerns.

MILLIMAN CARE GUIDELINES: Integrated to develop person-centered and dynamic care action plans.

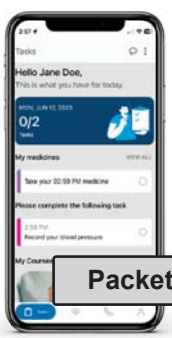
PROPRIETARY DATA ANALYTICS TECHNOLOGY- Collects and aggregates historical and ongoing medical and pharmacy data to provide year-round risk surveillance of the population, in order to identify population health management opportunities and evaluate risk mitigation strategies.

PREDICTIVE MODELING – Using Artificial Intelligence to segregate the "at-risk" population and determine the statistical significance of each variable that can predict future risk and/or cost with approximately 80% accuracy.



ACTIONABLE INSIGHTS

RISK STRATIFICATION – Data analytics is the foundation upon which AllHealth CHOICE custom engineers unique digital to human population health solutions. Stratifying the person among various risk groups ensuring a personalized health care experience



AllHealth CHOICE

PREDICTIVE ANALYTICS & POPULATION HEALTH MANAGEMENT REPORTING SYSTEM

AHC's Predictive Analytics and Population Health Management Reporting System goes beyon a transactional platform that simply reports healthcare costs. Instead our proprietary analytic system provides a robust suite of customizable features, including dashboards, AI powered predictive modeling and pre/post program assessment.

KEY FEATURES:

- **Data Warehousing:** securely store historical and ongoing data feeds.
- **Customizable Dashboards:** provide ongoing data surveillance
- **Ad HOC query tool:** investigate variables driving healthcare cost and disease severity
- **Cohort Analysis:** compare different groups, such as particpant vs. non-participant
- **Population Health Management Report:** assess overall health and risk status of a group
- **Evidence-based rules report:** monitor adherence compliance and identitfy gaps in care
- **Predictive analysis:** predict future cost and risk status

HEALTH PLAN SAVINGS:

2021 vs. 2022
Medical & Pharmacy Claims

Managed Population includes High and Moderate Risk Members

RETURN ON INVESTMENT:

ROI of 2:1

Year 3 with AllHealth CHOICE's Population Health Management Program

info@allhealthch
www.allhealthch

LBA Rx- Prescription Cost-Saving Program

						Yearly Savings:	$48,002.28	
Last Name	**First Name**	**Drug**	**Frequency**	**Plan cost**	**LBARx cost**	**3 Month Savings**	**Yearly Savings**	**Last Filled/w LBARx**
		Tremfya	60 Days	$ 12,000.00	$ 5,223.47	$ 6,776.26	$ 27,106.12	8/9/2023 1/56 $5399.00 5/8/2023 1/56 $5399.00 3/13/2023 1/90 $6223.74 1/25/2023 1/56 $5223.47 10/17/2022 1/56 $5223.47 8/12/2022 1/56 $5223.47 6/2/2022 1/56 $6223.74 4/11/2022 1/56 $5223.74 1/4/2022 1/56 $6223.74
		Ozempic 1MG	90 Days	$ 2,413.32	$ 1,384.00	$ 1,029.32	$ 4,117.28	12/22/2022 3/90 $1385.00 9/4/2022 3/90 $1385.00 6/7/2022 3/90 $1385.00
		Janumet	90 Days	$ 1,716.00	$ 693.20	$ 1,022.80	$ 4,091.20	3/9/2023 180/90 $693.75 12/12/2022 180/90 $693.20 9/4/2022 180/90 $693.20 6/7/2022 180/90 $693.20
		Dexcom G6 Transmitter	90 Days	$ 250.00	$ 227.99	$ 22.01	$ 88.04	3/14/2023 1/90 $229.95 12/22/2022 1/90 $229.99
		Dexcom G6 Sensors	90 Days	$ 1,360.00	$ 849.97	$ 510.03	$ 2,040.12	3/14/2023 9/90 $849.97 12/22/2022 3/90 $849.97
		Dexcom 6 Receiver	1	$ 569.99	$ 379.95	$ 190.04	$ 760.16	3/14/2023 $379.95 12/29/2022 1/90 $219.00
		Rybelsus 16 MG	90 Days	$ 2,500.62	$ 1,200.00	$ 1,300.62	$ 5,202.48	1/4/2023 90/90 $1223.74 10/6/2022 90/90 1223.74 7/14/2022 90 Day $1200.00
		Ozempic 0.25 or 0.35 MG	90 Days	$ 2,534.22	$ 1,385.00	$ 1,149.22	$ 4,596.88	6/28/2023 3/84 $1450.00 3/28/2023 3/84 $1485.00 12/19/2022 3/84 $1385.00

Better Than COBRA

Choosing the right insurance for you and your family doesn't have to be a difficult decision.
Let the insurance professionals at Better Than Cobra help put the pieces of the complicated puzzle right into place.

COBRA vs BetterThanCOBRA

COBRA

- You will pay the full group premium plus an additional 2% fee.
- Your coverage and insurance company will be whatever options are offered to active employees.
- You must notify your former employer within 60 days of losing coverage if you choose the COBRA option.
- COBRA must start retroactive to loss of coverage, and back premiums will be collected.
- You will make your insurance payments to your former employer.

BetterThanCOBRA Alternatives

- **Qualify for tax credits to lower your monthly health insurance costs.**
- **Choose from hundreds of plans and top- rated insurance companies in your area.**
- **Pre-existing conditions are covered.**
- **Choose your own doctor.**
- **Get unbiased, expert advice and year- round policy support.**
- **You must enroll within 60 days of losing coverage on your job-based health insurance.**

Trusted Guidance
LIGHTHOUSE BENEFIT RESOURCES

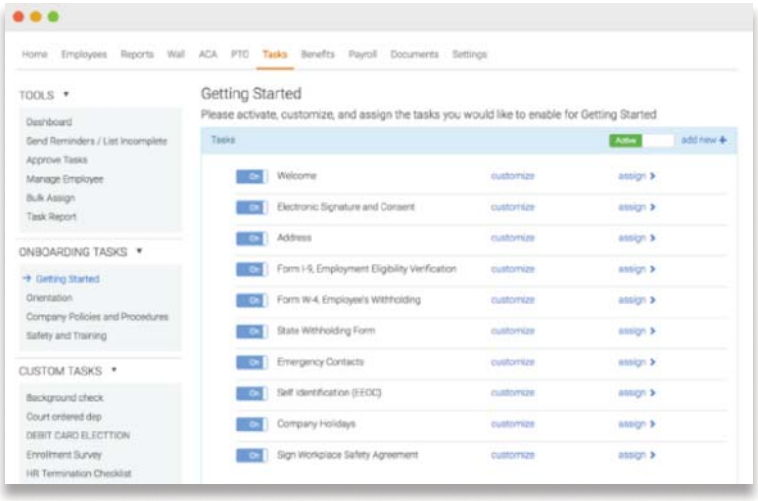
Counseling Services are provided by the insurance professionals at Lighthouse Benefit Resources.
To learn more, please call us at (912) 771-8230

Overview
For Employers

employee NAVIGATOR

Centralized Employee Data That's Always in Sync

Employee Navigator centralizes your HR records online and syncs your employee data across multiple systems, including payroll and benefits.



Centralized HR

Streamline Employee Management

Know instantly when enrollment events occur and minimize claim and billing issues.

Employee Self-Service

Easy-to-use self-service portal puts employees in the driver's seat.

Enhance Communication

Whether it's benefits, compliance, or company communications, employees are always in the loop.

Online Directory

Keep your entire team connected.

Modernized HR

Paperless

Paper forms and files are replaced by a centralized HR management system and employee portal that's always up to date.

Efficient

Manage everything from a single place so you can spend more time growing your business and less of busywork.

Accessible

Help your employees help themselves by giving them the means to find what they need when they need it.

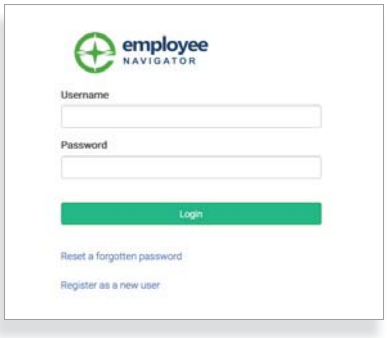
Customizable

Go beyond the basics and drive engagement with quick access to reports and configuration tools.

What We Do

- Benefits Administration
- HR Management
- New Hire Onboarding
- ACA Reporting
- PTO
- Integrated Payroll, COBRA, FSA

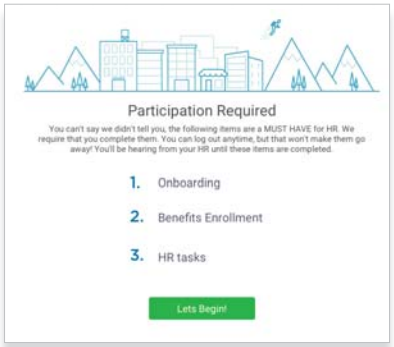
ENROLL IN YOUR BENEFITS: One step at a time



Step 1: Log In

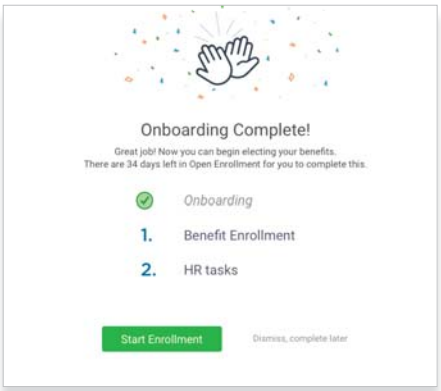
Go to www.employeenavigator.com and click **Login**

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users**: Click on your Registration Link in the email sent to you by your admin or **Register as a new user.** Create an account, and create your own username and password.



Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.

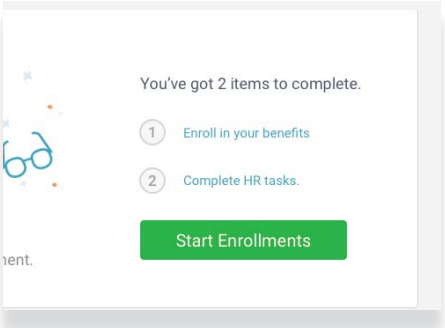


Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit "**Dismiss, complete later"** you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking **"Start Enrollments"**



Step 4: Start Enrollments

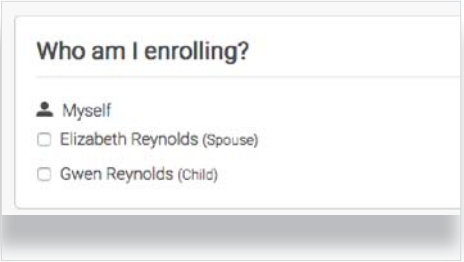
After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

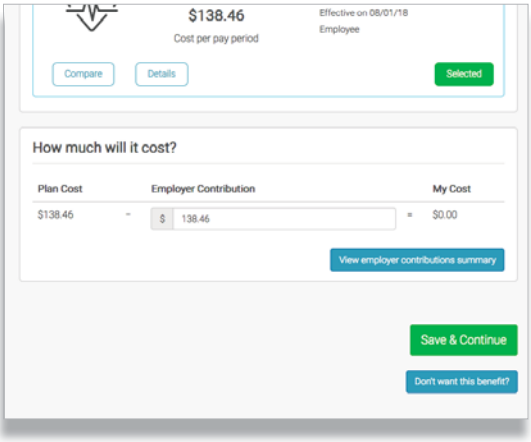
Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**



Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

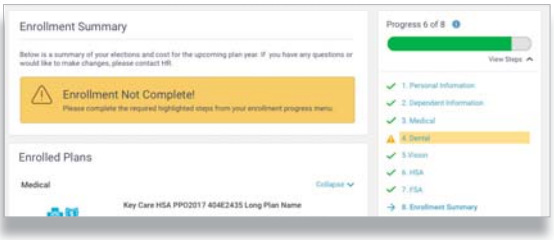


Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

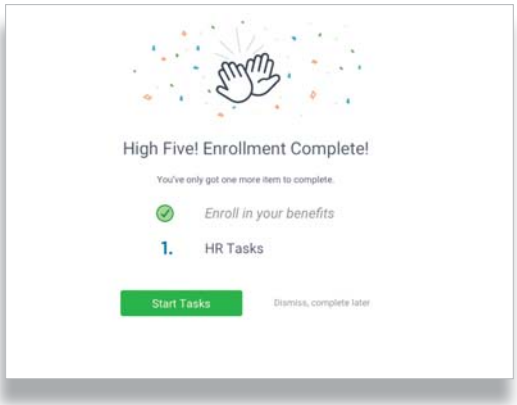


Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.



Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!

You can login to review your benefits 24/7

2025 Benefits Renewal Timeline (SAMPLE)

Action Items	Party	Dates
1) Begin 2025 Renewal Process		
- Pre-renewal meeting with client	LBA	
- Claims review and mid-year rate projection	LBA	
- Identify high cost indicators and develop plan	LBA	
- Meet with client to review strategic plan and update if necessary	LBA	
- Notify carrier of expected renewal	LBA	
- Receipt of renewal	LBA	
- Required information to client	LBA	
2) Completed Information Returned to Broker		
- Updated census of current employees	LBA/Kingsland	
- Health applications (if necessary)	LBA/Kingsland	
3) Account Marketing		
- Review updated claims	LBA	
- Identify high cost indicators and update plan	LBA	
- Identify any plan changes	LBA	
- Identify lines of coverage & carriers to RFP	LBA	
- Request for proposal	LBA	
- Early stop-loss rate lock	LBA	
4) Renewal Presentation (Meeting)		
- Review current options	LBA	
- Review alternate options	LBA	
- Review additional lines of coverage	LBA	
- Review other program changes	LBA	
- Review enrollment technology and updates	LBA	
- Q&A	LBA/Kingsland	
5) Decision for 2025 Benefits		
- Carriers selected	LBA/Kingsland	
- Plans selected	LBA/Kingsland	
- Changes to strategic plan finalized	LBA/Kingsland	
- Carrier Master Application(s) executed	LBA/Kingsland	
- Open enrollment/benefit fair scheduled	LBA/Kingsland	
- Open enrollment materials approved	LBA/Kingsland	
6) Employee Open Enrollment (Meeting)		
- Present Benefits Package to Employees	LBA	
- Q&A	LBA/Kingsland	
- Enrollment Assist	LBA/ Kingsland	
7) Employee Elections Due	Kingsland	
8) Carrier Implementation		
- Employer application	LBA	
- E-list enrollment	LBA/Carrier	
- Employer portal	LBA	
- Billing	LBA/Carrier	
- ID cards	LBA/Carrier	
9) Finalize Implementation		
- Summary of benefits sent to all employees	LBA/Carrier	
- ID cards mailed to members	LBA/Carrier	
- Post-renewal meeting with client	LBA	

2024 Group Health Plan Compliance

Calendar Year Plans (1/1/24-12/31/24)

Lighthouse Benefit Advisors One Source

Client:

Broker:

Account Manager:

Due Date	Description	Applies To	Required?	Particulars	Links	Checklist
January 31	Form W-2 Health Coverage Reporting	All groups	Yes. Employers who filed at least 250 Forms W-2 for the 2023 year must report the aggregate value of applicable employer-sponsored health coverage on the 2023 Forms W-2.	Use Code DD in Box 12 of Form W-2 to report the cost of health coverage; exclude HRA, HSA, employee health FSA contributions, limited scope dental and vision benefits, and most EAP, wellness and on-site clinic costs		☐ Completed Date: _____
January 31	Form 8809 Extension of Time to File Information Returns	Paper filers for Forms W-2	Yes, if requesting initial or additional extension of time to file	Must be sent as soon as you know you need an extension but not before January 1 of the year in which the return is due	Form 8809	☐ Completed Date: _____
February 14	Form 8508 - Request for Waiver from Filing Information Returns Electronically	Employers required to file information reporting forms electronically - Forms 1094-C, 1095-C, 1095-B, W-2	Yes, if requesting a waiver. It must be submitted at least 45 days before the due date of the returns	Failure to timely file electronically or to file Form 8508 may result in penalties of up to $310 per return.	Form 8508	☐ Completed Date: _____
February 15	Nondiscrimination Testing	§125 cafeteria plans and self-funded plans	No. It is recommended that testing be done early to ensure plan is not discriminatory. This allows for plan modifications to bring into compliance.	Filing not required. Employer should conduct and keep results for six years. If noncompliant adjustments are to be made, if possible, to bring into compliance.		☐ Completed Date: _____

This information applies to plans with calendar year effective dates. Non-date-specific notices and disclosures can be found in a separate chart. This does not constitute accounting, tax, or legal advice.

Due Date	Description	Applies To	Required?	Particulars	Links	Checklist
February 28	Form 1094-C, 1095-C, 1094-B, and 1095-B	Applicable large employers (ALE's - 50 or more full-time and full-time equivalents) and non-ALE's with self-funded plans filing fewer than 10 of any type form.	Yes.	Filing may be be in paper format but employers may also file electronically.		☐ Completed Date: _____
February 29	Creditable Coverage Disclosure	All groups with plans covering prescription drugs	Yes, within 60 days after the beginning date of the plan year	Also must provide within 30 days following (a) termination of prescription drug plan or (b) after a change in creditable coverage status	CMS Part D Reporting Information	☐ Completed Date: _____
February 29 *(for breaches discovered in 2023)*	PHI Breach Disclosure to Office of Civil Rights (OCR)	All groups with at least one breach of PHI occurring in 2023 involving fewer than 500 individuals	Yes, no later than 60 days after the end of the calendar year in which the breaches are discovered	Covered entities, e.g., group health plans, must track breaches of unsecured PHI in a log	HIPAA Breach Reporting	☐ Completed Date: _____
March 1	Form M-1	All groups	Yes, if sponsoring a Multiple Employer Welfare Arrangement (MEWA), i.e. group plan that covers more than one unrelated employer	Must be filed electronically for prior calendar year unless timely request 60-day extension; also no later than 30 days before operating a new MEWA; within 30 days of (a) operating in a new state, (b) including employees of a new employer after a MEWA merger, (c) when there are at least 50% more employees covered than on last day of prior calendar year, or (d) there is a material change made to MEWA		☐ Completed Date: _____

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Due Date	Description	Applies To	Required?	Particulars	Links	Checklist
March 1	Form 1095-C - furnish to full-time employees	Applicable large employers (ALE's - 50 or more full-time and full-time equivalents) and non-ALE's with self-funded plans filing fewer than 10 of any type form.	Yes	Forms may be hand delivered if workplace is not operating remotely, delivered via mail posted on or before the due date, or by email with prior consent.		☐ Completed Date: _____
March 30 *(reflects enrollment deadling, i.e., within 90 days)*	Summary Plan Description (SPD)	All groups, except governmental, church, executive carve-out, cafeteria plan, or employer-provided day-care center	Yes, within 120 days of plan adoption, if new ERISA plan; within 90 days of enrollment; within 30 days of covered individual request	Must contain certain specific plan details, as well as general plan terms, in easy-to-understand language; must restate every five years, if plan amended during that time (every 10 years if no plan amendments); can distribute electronically; will need foreign language version if enough non-English speaking employees		☐ Completed Date: _____
April 1	Form 8809 Extension of Time to File Information Returns	Paper filers for Forms 1094-C	Yes, if requesting initial or additional extension of time to file	$310 per return. (Actual filing date is March 31 but if filing date falls on a Saturday, Sunday, or legal holiday, it is due on the next business day.)	Form 8809	☐ Completed Date: _____
June 1	Prescription Drug Data Collection (RxDC) Reporting	All groups	Yes, if not completed by the carrier or other vendor on behalf of the plan sponsor.			☐ Completed Date: _____

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Due Date	Description	Applies To	Required?	Particulars	Links	Checklist
July 29	Summary of Material Modifications (SMM)	All groups, except governmental, church, executive carve-out, cafeteria plan -- or employer-provided day-care center; but can be satisfied by providing updated SBC	Yes, due 210 days after end of plan year unless change included in timely revised SPD); 60 days after material reduction in services or benefits adopted (90 days if reduction otherwise reported in regular periodic update)	Report to include material changes to plan terms and changes to information required to be in SPD; can distribute electronically; will need foreign language version if enough non-English speaking employees; but can be satisfied by providing updated SBC		☐ Completed Date: _____
July 31	Form 5500	All groups except government plans, church plans day- care centers, apprenticeship and training plans, group legal services, educational assistance plans and adoption assistance plans	Yes, if 100 or more participants or fewer than 100 participants and funded by money held in trust; due within	Must file electronically via EFAST2 to the DOL. Filing is due the last day of the seventh month after the close of the plan year	Form 5500 Filing	☐ Completed Date: _____
July 31	Form 5500-SF	All groups except government plans, church plans day- care centers, apprenticeship and training plans, group legal services, educational assistance plans and adoption assistance plans	Yes, if fewer than 100 participants (or filed as small employer in prior year and has fewer than 120 participants at start of this year), unfunded and not multiemployer plan	Governmental and church plans exempt; day-care centers, apprenticeship and training plans, group legal services, educational assistance plans and adoption assistance plans exempt; file electronically via EFAST2		☐ Completed Date: _____
July 31	Form 5558 - Application for Extension of Time	All groups responsible for filing Form 5500 but who wish to file for an extension	Yes, if requesting an extension of time to file Form 5500 or 5500-SF	Automatically permits 2.5-month extension under most circumstances		☐ Completed Date: _____

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Due Date	Description	Applies To	Required?	Particulars	Links	Checklist
July 31	Form 720 Patient Centered Outcomes Research Institute (“PCORI”) Fee	Self-funded medical plans (including HRAs)	Yes	Report and pay PCORI fee of $3.00 for plan years ending 1/1/24 - 9/30/24 and $3.22 per covered life for plan years ending 10/1/24 - 12/31/24. Calculate and pay using one of three approved methods.		☐ Completed Date: _____
September 30	MLR Rebates	All groups with fully insured p	Yes, Medical insurance companies ("Insurer" or "Insurers") to pay annual Medical Loss Ratio (MLR) rebates to policyholders	Plan sponsors receiving MLR rebate checks must use or distribute the portion that are "plan assets" within 3 months or establish a trust to hold the assets		☐ Completed Date: _____
September 30	Summary Annual Report (SAR) - participant summary of information as it appears on Form 5500	All group plans required to file Form 5500, unless the plan is unfunded, i.e., a plan whose benefits are paid as needed directly and exclusively from the general assets of the employer	Yes, for fully insured plans with 100+ participants and any other funded plans filing Form 5500.	Due to participants nine months after the plan year ends or two months after the extended filing date for Form 5500. For plans on extension - due 2 1/2 months after the Form 5500 is due (or filed, if earlier).		☐ Completed Date: _____
October 3	Qualified Small Employer HRA (QSEHRA) noticeto eligible employees	All groups who offer a QSEHRA	Yes	Must provide notice to eligible employees 90 days before the beginning of the year.	QSEHRA Information	☐ Completed Date: _____
October 14	Medicare Part D Notice of Creditable Coverage	All groups	Yes, if plan covers prescription drugs	Must provide to eligible employees who are also eligible for Medicare. Provide upon hire and annually by 10/15; upon Medicare-eligible employee enrolling in plan	CMS model notice	☐ Completed Date: _____

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Due Date	Description	Applies To	Required?	Particulars	Links	Checklist
October 15	From 5500, if extended by filing Form 5558	All groups except government plans, church plans day- care centers, apprenticeship and training plans, group legal services, educational assistance plans and adoption assistance plans	Yes, if 100 or more participants or fewer than 100 participants and funded by money held in trust	Must file electronically via EFAST2. For plans on extension - due 2 1/2 months after the Form 5500 is due (or filed, if earlier).		☐ Completed Date: _____
November 15	Special Enrollment Period	Some uninsured small groups (2-49)	Yes, for small employers who wish to enroll in group coverage but who do not meet the carrier's participation requiremen	Opportunity to enroll ends December 15		☐ Completed Date: _____
December 31	Nondiscrimination Testing	§125 cafeteria plans and self-funded plans	Yes. It is required by the last day of the plan year	Filing not required. Employer should conduct and keep results for six years. If noncompliant adjustments are to be made, if possible, to bring into compliance.		☐ Completed Date: _____
December 31	Gag Clause Prohibition Compliance Attestation	All groups	Yes, unless insurance carriers file the attestation on behalf of plan sponsors. (Plan sponsors must maintain records confirming insurer did the filing.)	Reported on CMS HIOS system each year. It is due 12 months from your 2023 filing date but no later than 12/31/24. (2023 report filed on 12/16/23 is due by 12/16/24 and on 12/16 for each subsequent year thereafter.		☐ Completed Date: _____

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From:	Emma Leigh
To:	Matt Robinson; Mike Maloy; Albert Ertel
Cc:	Jaimmie Howes; Julianne Day; Dawn Pantano; Emma Leigh
Subject:	LBA Weekly Compliance Email - Cybersecurity Guidance for Health Plans
Date:	Friday, September 20, 2024 10:12:51 AM
Attachments:	compliance-assistance-release-2024-01 - Cybersecurity for Health and Welfare Plans.pdf image001.jpg

Lighthouse Benefit Advisors

Weekly Compliance Information

In 2021, the U.S. Department of Labor (DOL) posted cybersecurity guidance on its website for ERISA plan fiduciaries. At that time, it only extended to ERISA – covered retirement plans. On September the 6th that changed. The DOL's Employee Benefit Security Administration (EBSA) issued ***Compliance Assistance Release No. 2024-01*** (attached). The purpose for this guidance was to confirm that the agency's guidance from 2021 generally applies to **all ERISA** covered employee benefit plans. **That includes health and welfare plans.**

The guidance issued in early September is largely the same as the guidance from 2021. It includes three areas – Tips for Hiring a Service Provider, Cybersecurity Program Best Practices and Online Security Tips (for plan participants). The differences are outlined in the article linked below. It is mostly directed to plan sponsors and plan fiduciaries.

https://www.benefitslawadvisor.com/2024/09/articles/cybersecurity/dol-expands-fiduciary-obligations-for-cybersecurity-to-health-and-welfare-plans/

The DOL has publicly stated its intention to focus on cybersecurity issues in its ERISA investigations. Understanding the EBSA's new compliance release and its expansion in the scope of compliance for ERISA fiduciaries with respect to their employee benefit plans as it relates to cybersecurity and the service providers for those plans becomes a key part of plan judiciary's overall compliance . Third-party plan service providers and plan fiduciaries should take reasonable steps to implement safeguards that will adequately protect plan data. It is important for you to review the checklists provided with your vendors that maintain your cyber security policies to ensure that they have all the protocols in place. You should also work with outside counsel to ensure this guidance is incorporated into the overall plan decision making process as necessary to comply with your ERISA fiduciary duties.

If you have questions about this or any other topic, please contact your LBA Broker or Account Executive. We appreciate your business and look forward to serving you.

Your Lighthouse Benefit Advisors Team

From: Emma Leigh
To: Matt Robinson; Mike Maloy; Albert Ertel
Cc: Julianne Day; Jaimmie Howes; Dawn Pantano; Emma Leigh
Subject: LBA Weekly Compliance Email - Gag Clause Information
Date: Friday, October 11, 2024 11:33:34 AM
Attachments: image001.jpg
DOL Issues Gag Clause Attestation Resources for 2024.pdf

Lighthouse Benefit Advisors

Weekly Compliance Information

Many of you have or will begin to receive information from your Third-Party Administrators regarding Gag Clause Attestations for your plan. The Department of Labor (DOL) issued various resources to assist with your annual submission back in May. Attached you will find a document that includes important dates, information, and links to submission instructions to assist with this filing. ***Remember your filing is due on or before the date you submitted your first filing last year.***

LBA will send additional information and reminders again. However, when you receive the attestations from your vendors, please save the documents. You will need to keep the attestations by year along with your proof of filing in the HIOS system.

If you have questions about this or any other topic, please contact your LBA Broker or Account Executive. We appreciate your business and look forward to serving you.

Your Lighthouse Benefit Advisors Team

Provided to you by Lighthouse Benefit Advisors

From: Emma Leigh
To: Matt Robinson; Mike Maloy; Albert Ertel
Cc: Julianne Day; Jaimmie Howes; Dawn Pantano; Emma Leigh
Subject: LBA Weekly Compliance Email - Complying With ACA Reporting Requirements for 2025
Date: Friday, October 4, 2024 9:53:10 AM
Attachments: image001.jpg
Complying with ACA Reporting Requirements for 2025.pdf

Lighthouse Benefit Advisors

Weekly Compliance Information

As we begin to prepare for 2025, it is not too early to think about **ACA Reporting Requirements**. Zywave put together a very good checklist for employers to work through to determine if ACA reporting applies to them and the steps to follow to be compliant. Remember the filing rules changed in 2024; employers with 10 or more employees must file returns electronically with the IRS. Most employers work with a third-party vendor, such as their payroll company, to provide employees with 1095s and to file with the Internal Revenue Service.

LBA does not provide this service, but we are happy to assist you with a vendor search or answer any questions you may have.

If you have questions about this or any other topic, please contact your LBA Broker or Account Executive. We appreciate your business and look forward to serving you.

Your Lighthouse Benefit Advisors Team

TPAC Underwriters, Inc.

SPAGGREGATE®

The Original Level-Funded Stop Loss Product

Specific + Aggregate = Spaggregate®

For close to 30 years, TPAC Underwriters, Inc. has been successfully helping clients control healthcare costs and pioneered one of the first level-funded, aggregate-only stop loss products in the nation.

Spaggregate helps employers by establishing a fixed monthly budget for claims coverage within a client's self-funded health plan. Our self-funded stop loss product delivers the ideal combination of predictability, savings and control to meet every client's unique benefits needs.

Employers Who Use Spaggregate®

- Enjoy predictable monthly cash flow, no cash calls
- Were once fully insured or tentative on self-funding
- Are financially rewarded for low claims costs and retain all unused funds
- Have control and transparency in their health plan

Spaggregate makes the transition away from fully insured easy.

TPAC's years of experience, creative approach to problem solving, and commitment to ethics are just some of the reasons that our clients have continued to turn to us for their stop loss needs for almost 30 years.

Simplifying the Risk Business

How does Spaggregate work?

1. Employers pay monthly premium and aggregate factors, i.e. claims costs.
2. If the total claims costs exceed the accumulation of the employer's aggregate factors at any time, the stop loss policy covers the balance.
3. All remaining aggregate factors at the end of the contract are retained by the employer.

The TPAC Difference

Low Max Cost

Spaggregate is a blend of fully insured and self-funded stop loss underwriting methodologies, resulting in the lowest maximum obligation to a group.

No Lasers

Our self-funded solution has no specific coverage, so there would be no lasers or aggregating specifics. TPAC is committed to offering all clients a non-laser renewal, while still providing an unlimited maximum per person.

Creativity

TPAC quotes with independent Third Party Administrators (TPAs), allowing the client to be creative with the style of plan and benefits they choose, from a Multiple of Medicare (MOM) to a Minimum Essential Coverage (MEC) to a traditional PPO and any variation in between.

Transparency and Control

With Spaggregate, clients know their exact claims costs. No more cash calls, TPAC reimburses claims daily. Additionally, clients retain all leftover funds at the end of the plan year, whether they renew or terminate.

Flexible Contracts

Clients can choose a contract that includes run out, such as a 12/24 contract, or minimize first year expenses by choosing a 12/12 contract. Run-in contracts such as 24/12 are available. Other contract options are also available.

Vicki Christiansen
vicki.christiansen@tpac.com

3810 Pheasant Ridge Drive NE
Minneapolis, MN 55449
(763) 231-8817
www.tpac.com

TPAC Underwriting Guidelines

Case Size

- 25 employees required to quote, varies to comply with state regulation

Participation Requirements

- 75% participation of all eligible employees is required.

Ineligible Industries

- PEOs, MEWAs, associations
- Long haul trucking
- Employee leasing firms
- Tribal owned firms

Quote Requests Must Include

- Member census of all employees
- Current Schedule of Benefits
- Current rates and, if available, renewal rates
- All available claims experience

TPAC Underwriters, Inc.

Our Risk, Your Reward.

Not approved in all states.
Contact TPAC for more information.

City Council
107 South Lee Street
Kingsland, GA 31548

SCHEDULED

Meeting: 10/28/24 06:00 PM
Department: Finance
Category: Budget
Prepared By: Filiz Morrow
Initiator: Filiz Morrow
Sponsors:
DOC ID: 4582

AGENDA ITEM (ID # 4582)

Approval Of: 2024 Tax Millage Rate Adoption

In accordance with O.C.G.A. Section 48-5-32.1 final millage rate is set by the authority of this taxing jurisdiction for tax year 2024. Required five year history and current digest have been published in accordance with O.C.G.A. Section 48-5-32. FY 2024-25 Budget will be funded by 5.590 mills which is below the roll back rate of 5.591 mills.

PT-32.1 - Computation of MILLAGE RATE ROLLBACK AND PERCENTAGE INCREASE IN PROPERTY TAXES - 2024

COUNTY:		TAXING JURISDICTION:	

ENTER VALUES AND MILLAGE RATES FOR THE APPLICABLE TAX YEARS IN YELLOW HIGHLIGHTED BOXES BELOW

DESCRIPTION	2023 DIGEST	REASSESSMENT OF EXISTING REAL PROP	OTHER CHANGES TO TAXABLE DIGEST	2024 DIGEST
REAL	816,949,960	100,176,799	37,299,955	954,426,714
PERSONAL	39,979,860		5,436,834	45,416,694
MOTOR VEHICLES	4,700,020		(117,520)	4,582,500
MOBILE HOMES	2,544,056		632,632	3,176,688
TIMBER -100%	3,802,118		(1,039,523)	2,762,595
HEAVY DUTY EQUIP	0		0	0
GROSS DIGEST	867,976,014	100,176,799	42,212,378	1,010,365,191
EXEMPTIONS	48,215,304	21,462,511	(1,939,748)	67,738,067
NET DIGEST	819,760,710	78,714,288	44,152,126	942,627,124
	(PYD)	(RVA)	(NAG)	(CYD)

2023 MILLAGE RATE:	6.100	2024 MILLAGE RATE:	5.590

CALCULATION OF ROLLBACK RATE

DESCRIPTION	ABBREVIATION	AMOUNT	FORMULA
2023 Net Digest	PYD	819,760,710	
Net Value Added-Reassessment of Existing Real Property	RVA	78,714,288	
Other Net Changes to Taxable Digest	NAG	44,152,126	
2024 Net Digest	CYD	942,627,124	(PYD+RVA+NAG)
2023 Millage Rate	PYM	6.100	PYM
Millage Equivalent of Reassessed Value Added	ME	0.509	(RVA/CYD) * PYM
Rollback Millage Rate for 2024	RR - ROLLBACK RATE	5.591	PYM - ME

CALCULATION OF PERCENTAGE INCREASE IN PROPERTY TAXES

If the 2024 Proposed Millage Rate for this Taxing Jurisdiction exceeds Rollback Millage Rate computed above, this section will automatically calculate the amount of increase in property taxes that is part of the notice required in O.C.G.A. § 48-5-32.1(c) (2)

Rollback Millage Rate	5.591
2024 Millage Rate	5.590
Percentage Tax Increase	-0.02%

CERTIFICATIONS

I hereby certify that the amount indicated above is an accurate accounting of the total net assessed value added by the reassessment of existing real property for the tax year for which this rollback millage rate is being computed.

Chairman, Board of Tax Assessors Date

I hereby certify that the values shown above are an accurate representation of the digest values and exemption amounts for the applicable tax years.

Tax Collector or Tax Commissioner Date

I hereby certify that the above is a true and correct computation of the rollback millage rate in accordance with O.C.G.A. § 48-5-32.1 for the taxing jurisdiction for tax year 2024 and that the final millage rate set by the authority of this taxing jurisdiction for tax year 2024 is _____

CHECK THE APPROPRIATE PARAGRAPH BELOW THAT APPLIES TO THIS TAXING JURISDICTION

☐ If the final millage rate set by the authority of the taxing jurisdiction for tax year 2024 exceeds the rollback rate, I certify that the required advertisements, notices, and public hearings have been conducted in accordance with O.C.G.A. §§ 48-5-32 and 48-5-32.1 as evidenced by the attached copies of the published "five year history and current digest" advertisement and the "Notice of Intent to Increase Taxes" showing the times and places when and where the required public hearings were held, and a copy of the press release provided to the local media.

☐ If the final millage rate set by the authority of the taxing jurisdiction for tax year 2024 does not exceed the rollback rate, I certify that the required "five year history and current digest" advertisement has been published in accordance with O.C.G.A. § 48-5-32 as evidenced by the attached copy of such advertised report.

Responsible Party Title Date

City of Kingsland
Public Meeting Notice
Adopting 2024 Millage Rate

The Kingsland Mayor and Council do hereby announce that the millage rate will be set at a public meeting on OCTOBER 28, 2024 at 6 P.M. and pursuant to the requirements of O.C.G.A. 48-5-32 do hereby publish the following presentation of the current year's tax digest and levy along with the history of the tax digest and levy for the past five years. The proposed 2024 millage rate is below the rollback rate.

Current 2024 Tax Digest and 5-Year History of Levy

	City	2019	2020	2021	2022	2023	2024
VALUE	Real & Personal	$482,564,353	$499,484,187	$580,154,619	$729,347,603	$856,929,820	$999,843,408
	Motor Vehicles	6,468,940	5,510,930	4,876,230	4,692,410	4,700,020	4,582,500
	Mobile Home	2,286,514	2,472,330	2,442,620	2,392,206	2,544,056	3,176,688
	Timber 100%	2,192,114	891,258	425,083	864,686	3,802,118	2,762,595
	Gross Digest	493,511,921	508,358,705	587,898,552	737,296,905	867,976,014	1,010,365,191
	Less M&O Exemptions	20,998,918	22,701,954	27,207,725	34,650,787	48,215,304	67,738,067
	Net M&O Digest Value	472,513,003	485,656,751	560,690,827	702,646,118	819,760,710	942,627,124
	State Forest Land Asst. Grant Value	702,030	676,294	650,063	650,063	650,063	621,506
	Adjusted Net M&O Digest Value	473,215,033	486,333,045	561,340,890	703,296,181	820,410,773	943,248,630
RATE	Gross M&O Millage Rate	11.554	11.810	11.192	10.020	9.625	8.807
	Less Rollbacks (L.O.S.T.)	3.554	3.810	3.792	3.520	3.525	3.217
	Net M&O Millage Rate	8.000	8.000	7.400	6.500	6.100	5.590
TAX	**Net Taxes Levied**	$3,785,720	$3,890,664	$4,153,923	$4,571,425	$5,004,506	$5,272,760
	Net Taxes $ Increase	$56,774	$104,944	$263,258	$417,503	$433,081	$268,254
	Net Taxes % Increase	1.52%	2.77%	6.77%	10.05%	9.47%	5.36%

Additional Millage Information:
The Georiga Gateway Community Improvement District millage rate is 10.00 mills.
City rollback consists of Local Option Sales Tax of $3,250,471 (3.217 mills).

Resolution No. 2024-13

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF KINGSLAND, GEORGIA, ADOPTING THE 2024 MILLAGE RATE FOR FISCAL YEAR 2024-2025; PROVIDING FOR AN EFFECTIVE DATE; AND FOR OTHER PURPOSES.

WHEREAS, the City of Kingsland is required by law to adopt a millage rate for the 2024 tax year; and

WHEREAS, the proposed millage rate has been calculated based on the assessed value of properties within the city, ensuring that the revenue generated will adequately fund essential city services and programs for the fiscal year 2024-2025 budget; and

WHEREAS, the City Council has conducted all required public hearings and has provided the citizens of Kingsland with the opportunity to comment on the proposed millage rate if it exceeds the rollback rate in accordance with O.C.G.A. § 48-5-32 and 48-32.1; and

WHEREAS, the City Council has conducted all required advertising of the "five-year history and current digest" in accordance with O.C.G.A. § 48-5-32; and

WHEREAS, the City Council finds that the adoption of the proposed millage rate is necessary for the continued operation and financial stability of the city;

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF KINGSLAND, GEORGIA, AS FOLLOWS:

1. **Adoption of Millage Rate**: The City Council hereby adopts a millage rate of 5.590 for the fiscal year 2024-2025.
2. **Effective Date**: This resolution shall take effect immediately upon its adoption.
3. **Severability**: If any section, subsection, sentence, clause, or phrase of this resolution is for any reason held to be unconstitutional or invalid, such decision shall not affect the validity of the remaining portions of this resolution.
4. **Other Provisions**: The City Clerk is hereby authorized and directed to take all necessary steps to implement this resolution.

ADOPTED this 28th day of October 2024 by the City Council of the City of Kingsland.

_____

Mayor C. Grayson Day, Jr

_____

City Clerk Jean Seigler-Horne

City Council
107 South Lee Street
Kingsland, GA 31548

SCHEDULED

Meeting: 10/28/24 06:00 PM
Department: Finance
Category: Budget
Prepared By: Filiz Morrow
Initiator: Filiz Morrow
Sponsors:
DOC ID: 4583

AGENDA ITEM (ID # 4583)

Approval Of: Georgia Gateway 2024 CID Millage Rate

Georgia Gateway CID Board met on Monday, September 16, 2024. At the scheduled meeting the Board approved the CID millage to be set at 10 mills. This will generate $11,530 for the CID Fund.
Staff recommends approval.

City Council
107 South Lee Street
Kingsland, GA 31548

SCHEDULED

Meeting: 10/28/24 06:00 PM
Department: City Manager
Category: Change Order
Prepared By: Lee Spell
Initiator: Lee Spell
Sponsors:
DOC ID: 4587

AGENDA ITEM (ID # 4587)

Approval Of: Change Order #1 Lakes Boulevard East

The original engineering agreement did not include a sidewalk along the entire length of Lake Boulevard. East. Accordingly, Change Order #1 includes the associated incremental civil engineering design, construction drawing modifications and project management fees for the sidewalk increasing the lump sum contract amount by $17,835.00 for a total of $103,835.00. *Staff recommends approval.*

ROBERTS
CIVIL ENGINEERING

301 Sea Island Road Suite 10, St. Simons Island, GA 31522
912-638-9681 Office

Change Order No. 1

October 23, 2024

Owner: City of Kingsland
107 S. Lee Street
Kingsland, GA 31548

Re: **Lakes Blvd East – Design & Project Management**
RCE Project # 24107
Contract Dated July 23, 2024

The City of Kingsland is requesting additional civil engineering, construction plans and project management for the inclusion of a 5' concrete sidewalk to extend the length of Lakes Blvd – East from Wildcat Drive to Gross Road (approximately 5,200 lineal feet).

Original Lump Sum Contract Amount	$ 86,000
Lump sum to be increased by this change order	$ 17,835
New Lump Sum Contract Amount including this change order	$ 103,835

Any variable costs specified in the original contract are un-changed and the entire remainder of the contract remains in full force. This Addendum shall be effective once signed by both parties.

City of Kingsland

_____
Signature

_____
Print Name

_____
Title

Roberts Civil Engineering:

_____
Signature

_____
Print Name

_____
Title

[Type here]

City Council
107 South Lee Street
Kingsland, GA 31548

SCHEDULED

Meeting: 10/28/24 06:00 PM
Department: Finance
Category: Bid Award
Prepared By: Filiz Morrow
Initiator: Filiz Morrow
Sponsors:
DOC ID: 4581

AGENDA ITEM (ID # 4581)

Bid Award: Purchase of One 1/2 Ton Pickup Truck for Meter Technician

Staff recommends low bid, The Bennett Group, for $27,590.

Bid Tabulation
One (1) Used 1/2 Ton PickUp Truck
Water Meter Technician

Vendor	Year	Make	Model	Miles	Cost
The Bennett Group (CDJ)	2023	RAM	1500 Classic	14,574	$27,590.00
Jacksonville Truck Center	2023	Chevrolet	Silverado 1500	22,952	$29,694.00
Enterprise Car Sales	2023	Ford	F150 XL 2WD	700	$32,888.00